First Aid Policy

This policy applies to all pupils in the School and Nursery, including in the EYFS.

Created	May 2012
Last revision	December 2025
Next Review	September 2026

E. Mousley	Headteacher
A.Staton	Designated person for School First Aid
H. Parsons	Designated person for Nursery First Aid

First Aid and Medication Statement of Commitment
Edenhurst Preparatory School is committed to caring for, and protecting, the health, safety and welfare of its pupils, staff and visitors.

We confirm our adherence to the following standards at all times:

- To make practical arrangements for the provision of First Aid on our premises, during off-site sport and on school visits.
- To ensure that trained First Aid staff renew, update or extend their HSE approved qualifications at least every three years.
- To have a minimum of 2 trained First Aiders on site at any one time, including a person with a paediatric first aid qualification whenever EYFS pupils are present. Such people will be able to responsibly deliver or organise emergency treatment. Newly qualified EYFS staff will have been trained in paediatric first aid to count in qualified ratios.
- To ensure that a trained first aider accompanies every off-site visit and activity. In visits involving EYFS pupils, such a person will have a current paediatric first aid qualification.
- To record accidents and illnesses appropriately, reporting to parents and the Health & Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (1995).
- To provide accessible first aid kits at various locations on site, along with a portable kit for trips, excursions and sport.
- To record and make arrangements for pupils and staff with specific medical conditions.
- To deal with the disposal of bodily fluids and other medical waste accordingly, providing facilities for the hygienic and safe practice of first aid.
- To contact the medical emergency services if they are needed, informing next of kin immediately in such a situation.
- To communicate clearly to pupils and staff where they can find medical assistance if a person is ill or an accident has occurred.
- To communicate in writing in relation to every instance of accident, first aid or the administration of medicine for pupils.

Practical Arrangements at Edenhurst Preparatory School

Location of First Aid Facilities

- The first aid room is located next to the Hall for first aid treatment and for pupils or staff to rest/recover if feeling unwell. This includes; a bed, first aid supplies, an adjacent bathroom and hygiene supplies such as gloves and paper towels.
- There is a first aid station (for minor injuries and falls during play times) located on the ground floor of The Beardies.
- First aid kits are kept in the following locations in school:

  First Aid Room

  First Aid Station

  School Office

  Nursery Office

  School Dining Room (located in the Resource Room)

  School Kitchen (and a burns box)

  Nursery Kitchen (and a burns box)

  Kindergarten to Prep 6 - form room

  Babies and Toddlers - in the shared changing area

  Explorers and Little Learners - in the bathroom

  Science Lab

  Art Room

  Sport Department

- For excursions off site, the first aid kit belonging to the class is to be taken along.
- For sport fixtures, the first aid kit belonging to the sport department is to be taken along.

Responsibilities of the Trained First Aiders

- Provide appropriate care for pupils or staff who are ill or sustain an injury.
- Record all accidents and administration of first aid and ensure pupils' parents are informed.
- In nursery and Reception, ensure that the accident record is signed by the parents as soon as is reasonably practicable and a copy placed in the pupil's file.
- In the event of any injury to the head, however minor, ensure that a note is sent home. *Please refer to Appendix 3 regarding Head Injuries.*
- Make arrangements with parents/guardians to collect children and take them home if they are deemed too unwell to continue the school day.
- Inform the Designated First Aider of all incidents where first aid has been administered.

Responsibilities of the Designated First Aiders - Mrs Anita Staton (school) and Mrs Parsons (nursery)

- Ensure that all staff and pupils are familiar with first aid and medical procedures.
- Ensure that all staff are familiar with measures to provide appropriate care for pupils with particular medical needs (eg. Diabetic needs, Epi-pens, inhalers).
- Ensure that a list is maintained and available to staff of all pupils with particular medical needs and appropriate measures needed to care for them.
- Monitor and re-stock supplies and ensure that first aid kits are replenished.

- Ensure that the school and nursery have an adequate number of appropriately trained First Aiders.
- Coordinate First Aiders and arrange for training to be renewed as necessary.
- Maintain adequate facilities.
- Ensure that correct provision is made for pupils with special medical requirements both in school and on off-site visits.
- On a termly basis (in retrospect), review first aid records to identify any trends or patterns and share this with the Health and Safety committee.
- Fulfill the school and nursery's commitment to report to RIDDOR, as described below.
- Fulfill their commitment to report to OFSTED any serious accidents, illnesses or injuries or death of a child in their care and of the action taken.
- Liaise with managers of external facilities, such as the local sports facilities, to ensure appropriate first aid provision.
- Contact emergency medical services as required.
- Maintain an up-to-date knowledge and understanding of guidance and advice from appropriate agencies.

What to do in the case of an accident, injury or illness

- A member of staff or pupil witnessing an accident, injury or illness should immediately contact a named trained first aider (a list of First Aid Qualified Staff is on display in the school office, nursery office, school staff room, first aid room and first aid station). The school office should be contacted if the location of a trained first aider is uncertain.
- Any pupil or member of staff sustaining an injury whilst at school should be seen by a first aider who will provide immediate first aid and summon additional help as needed.
- The pupil or member of staff should not be left unattended.
- The first aider will organise an injured pupil's transfer to the sick room if possible and appropriate, and to hospital in the case of an emergency.
- Parents, or in the case of staff, their emergency contact, should be informed as necessary by telephone by either the first aider or a member of the office staff.
- Written records of all accidents and injuries are maintained in school.

Contacting parents

Parents should be informed by telephone as soon as possible after an emergency or following a ***serious/ significant*** injury including:

- Head injury (a head injury advice sheet should be given to any pupil who sustains a head injury)
- Suspected sprain or fracture
- Following a fall from height
- Dental injury
- Anaphylaxis and following the administration of an Epi-pen
- Epileptic seizure
- Severe hypoglycaemia for pupils, staff or visitors with diabetes
- Severe asthma attack
- Difficulty breathing
- Bleeding injury
- Loss of consciousness

- If the pupil is generally unwell

If non-emergency transportation is required, an authorised taxi service will be used if parents are delayed, a member of staff will accompany the pupil until a parent arrives. Parents can be informed of smaller incidents at the end of the school day by the form teacher.

In nursery and Reception, ALL incidents must be communicated to the parents in writing and a copy placed in the child's file. A parent should sign the school form, agreeing that they have been notified on the same day or as soon as reasonably practicable.

Contacting the Emergency Services
An ambulance should be called for any condition listed above or for any injury that requires emergency treatment. Any pupil taken to hospital by ambulance must be accompanied by a member of staff until a parent arrives. All cases of a pupil becoming unconscious (not including a faint) or following the administration of an Epi-pen, must be taken to hospital. Any member of staff is authorised to call an ambulance when required. The office must be informed immediately afterward.

Accident reporting
Any accident or injury occurring at school, at the local sports facilities, or on a school trip must be recorded. This includes any accident involving staff or visitors. The accident records will be monitored by the designated person as certain injuries require reporting (RIDDOR and OFSTED requirements).

Pupils who are unwell in school
Any pupil who is unwell cannot be left to rest unsupervised in the first aid room. If a pupil becomes unwell, a parent should be contacted as soon as possible by a member of staff. Anyone not well enough to be in school should be collected as soon as possible by a parent / guardian. Staff should ensure that a pupil who goes home ill is signed out at the office.

First Aid equipment and materials
The Designated First Aider is responsible for stocking and checking the first aid kits. Staff are asked to notify the Designated First Aider when supplies have been used in order that they can be restocked. The first aid boxes contain:

- A first aid guidance card
- Adhesive hypoallergenic plasters
- 4 Triangular bandages (slings)
- Safety pins
- Cleaning wipes
- Adhesive tape
- 2 sterile eye pads
- 6 Medium sized unmedicated dressings
- 2 Large sized unmedicated dressings
- Disposable gloves
- 1 resuscitator
- Yellow clinical waste bag

First aid for school trips
The trip organiser must ensure that at least one adult accompanying the trip has an appropriate first aid qualification and undertake a risk assessment to ensure an appropriate level of first aid cover. The class First Aid kit is taken on all school trips, replenishing on return.

Any accidents/injuries must be reported to the Designated First Aider and to parents and documented in accordance with this policy. RIDDOR guidelines for reporting accidents must be adhered to. For any major accident or injury the appropriate health & safety procedure must be followed.

Emergency care or medication plans and emergency treatment boxes
The Designated First Aider ensures that staff are made aware of any pupil with an emergency care plan.

All plans are shared with parents at the beginning of the academic year so that they can be checked and updated. If there are any further changes during the school year, parents are asked to inform the school so that documentation can be amended.

In school, all plans are shared with all staff and they are asked to sign to say that they have read and understood the content.

In school, pupil care plans are uploaded to ISAMS and a copy placed in the child's file. A copy is also kept in the child's form room. A file containing a copy of all pupil care plans is kept in the school staff room.

In the nursery, pupil care plans are kept in their respective rooms. and are read and signed by all members of staff. A folder containing a copy of all pupil care plans is kept in the nursery office.

Emergency treatment boxes must always be taken if the pupil is going off site. These boxes are named and have a photograph of the pupil on the lid. In school, emergency treatment boxes are kept in the pupil's form room in the first aid cabinet. For the nursery, Kindergarten and Reception rooms, these boxes are stored in the first aid cabinet in the shared bathroom.

There is a list of pupils with food related allergies / conditions in the kitchen.

Pupils using crutches or having limited mobility
Parents must inform the school of the nature of injury and the anticipated duration of immobility. The form tutor will arrange for a 'class partner' to carry books, open doors etc. Information about the condition will be discussed in staff meetings to enable teachers to be fully aware of the pupil's needs. Arrangements will be made for the pupil to arrive/leave lessons early to allow for a safe transfer around school. Parents must inform the school of any particular difficulties.

If a pupil has either temporary or ongoing limited mobility, the school will consider whether the pupil requires a personal evacuation plan, for implementation in fire drills and similar occasions. If this is the case, the designated person will ensure that a plan is drawn up, taking advice from parents and healthcare professionals, as appropriate, and that relevant staff are trained in its implementation.

Automated External Defibrillator (AED)
There is a fully automated external defibrillator (AED) situated in the entrance to the Nursery building. It is designed to be used by anyone and does not require any specific training as it provides verbal and visual commands during usage.

Dealing with body fluids
In order to maintain protection from disease, all body fluids should be considered infected.

To prevent contact with body fluids the following guidelines should be followed:
- When dealing with any bodily fluids, wear disposable gloves.

- Wash hands thoroughly with soap and warm water after the incident.
- Keep any abrasions covered with a plaster.
- Spills of the following body fluids must be cleaned up immediately.

Bodily fluids include:
- Blood
- Faeces
- Nasal discharges
- Eye discharges
- Saliva
- Vomit

Process
- Disposable towels should be used to soak up the excess, and then the area should be treated with a disinfectant solution.
- Never use a mop for cleaning up blood and body fluid spillages.
- All contaminated material should be disposed of in a yellow clinical waste bag (available in all first aid boxes) then placed in the waste bin in the First Aid Room.
- Avoid getting any body fluids in your eyes, nose, mouth or on any open sores.
- If a splash occurs, wash the area well with soap and water or irrigate with copious amounts of saline.

Infectious diseases
If a child is suspected of having an infectious disease, advice should be sought from the designated person who will follow the Public Health England guidelines below to reduce the transmission of infectious diseases to other pupils and staff.

ILLNESS	**PERIOD OF EXCLUSION**	**COMMENTS**
Chicken pox	5 days from onset of rash or until all spots have scabbed.	Pregnant women up to 20 weeks and those in the last 3 weeks of pregnancy should inform their midwife that they have been in contact with chickenpox. Any children being treated for cancer or on high doses of steroids should also seek medical advice.
Cold sores	None	Avoid contact with the sores
Conjunctivitis	None in School. In EYFS, children must stay off until redness and discharge has gone	Children do not usually need to stay off school with conjunctivitis if they are feeling well. If, however, they are feeling unwell with conjunctivitis they should stay off school until they feel better.
Diarrhoea and vomiting	48 hours from last episode of diarrhoea or vomiting	Exclusion from swimming may be needed
German Measles	For 5 days from onset of rash	Pregnant women should inform their midwife about contact

Glandular fever	None	
Head Lice	None once treated	Treatment is recommended for the pupil and close contacts if live lice are found
Hepatitis A	Exclusion may be necessary	Consult Public Health England
Impetigo	Until lesions are crusted or healed	Antibiotic treatment by mouth may speed healing
Influenza	Until fully recovered	
Measles	5 days from onset of rash	Any children being treated for cancer or on high doses of steroids must seek medical advice
Meningitis (Meningococcal)	Until recovered	Communicable disease control will give advice on any treatment needed and identify contact requiring treatment. No need to exclude siblings or other close contacts.
Meningitis (Viral)	Until fully recovered	Milder illness
Mumps	5 days from onset of swollen glands	
Scabies	Until treatment has been commenced	Two treatments one week apart for cases. Treatment should include all household members and any other very close contacts
Scarlet Fever	Can return to school 24 hours after commencing antibiotics	Antibiotic treatment
Slapped Cheek Syndrome	None	Pregnant women up to 20 weeks must inform their midwife about contact
Threadworms	None	Treatment is recommended for the pupil and family members
Tonsillitis	None	
Warts, Verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

Administration of Medication in School
Children may need to take medication during the school day e.g. antibiotics. However, wherever possible the timing and dosage should be arranged so that the medication can be administered at home.

The school aims to support as far as possible, and maintain the safety of, pupils who require medication during the school day.

A form for the administration of medicines in school is available from the school and nursery offices.

However, it should be noted that:

- No child should be given any medication without their parent's written consent.
- No Aspirin products are to be given to any pupil at school, unless prescribed by a doctor.
- Parents must be given written confirmation of any medication administered on the same day or as soon as reasonably practicable. Proformas for this are available from the school office.
- Medicines must be stored out of reach of children. Special care must be taken with young children, for example, not to leave medicines in a handbag on the floor or on a desk. Instead, keep them on a high shelf, out of reach.
- In the nursery, medication is kept in the appropriate room. It is stored in the first aid cabinet which is out of reach of pupils.
- For Kindergarten and Reception, medication is stored in the first aid cabinet, which is locked, in the shared bathroom.
- For Form 1 to Prep 6, medication is stored in the School Office in a locked, labelled filing cabinet.
- In school,if necessary, medicines can be stored in the medical room refrigerator. This is locked.
- In the nursery, if necessary, medicines can be stored in the staff room fridge or the fridge in the milk kitchen located between Babies and Toddlers rooms.

Non-Prescription Medication
A member of staff, witnessed by another member of staff, may administer non-prescription medication at school or on a residential school trip provided that written consent has been obtained in advance. This may include pain relief or travel sickness pills.

All medication administered must be documented, signed for and parents informed in writing.

Prescription-Only Medication
A member of staff, witnessed by another member of staff, may administer prescription medication at school or on a residential school trip provided that written consent has been obtained in advance.

Written consent must clearly state the name of the medication, dose, frequency and length of course of treatment.

The school will accept medication from parents only if it is in its original container with the original dosage instructions. Prescription medicines will not be administered unless they have been prescribed for the child by a doctor, dentist, nurse or pharmacist. Medicines containing aspirin will be given only if prescribed by a doctor.

Administration of Medication
- The medication must be checked by the member of staff administering it and the witnessing member of staff, confirming the medication name, pupil name, dose, time to be administered and the expiry date.
- Wash hands.
- Confirm that the pupil's name matches the name on the medication.

- Explain to the pupil that his or her parents have requested the administration of the medication.
- Document, date and sign for what has been administered.
- In nursery and Reception, the parent countersigns the form upon collection of their child. This form remains in the setting and is filed in the pupil's record.
- In school, the form goes back to parents.
- Ensure that the medication is correctly stored (see above)
- All medication should be clearly labelled with the pupil's name and dosage.
- Parents should be asked to dispose of any out of date medication.
- All medication should be returned to parents.
- Any remaining medication belonging to children should be disposed of via a pharmacy or GP surgery.
- Used needles and syringes must be disposed of in a sharps box. These are located in the First Aid Room, the School Office and the Prep 5 form room.

Emergency Medication
It is the parents' responsibility to inform the school of any long-term medical condition that may require regular or emergency medication to be given. In these circumstances a health care plan may be required and this will be completed and agreed with parents, and where relevant, the child's GP.

Guidelines for reporting: RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013)
By law any of the following accidents or injuries to pupils, staff, visitors, members of the public or other people not at work requires notification to be sent to the Health and Safety Executive (HSE).

In relation to pupils, the list of reportable incidents is less extensive, since the school needs to take into consideration whether the accident is part of the "rough and tumble" of the activity being undertaken, or whether it is as a result of a shortcoming. Further guidance on this aspect of reporting can be found in the HSE guidance "Incident reporting in schools", which can be found here: http://www.hse.gov.uk/pubns/edis1.pdf

Major injuries from schedule 1 of the regulations:
1. Any fracture, other than to the fingers, thumbs or toes.
2. Any amputation.
3. Dislocation of the shoulder, hip, knee or spine.
4. Loss of sight (whether temporary or permanent).
5. A chemical or hot metal burn to the eye or any penetrating injury to the eye.
6. Any injury resulting from an electric shock or electrical burn (including any electrical burn caused by arcing products, leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours.
7. Any other injury leading to hypothermia, heat induced illness or to unconsciousness requiring resuscitation or admittance to hospital for more than 24 hours
8. Any other injury lasting over 3 days
9. Loss of consciousness caused by asphyxia or by exposure to a harmful substance or biological agent.
10. Either of the following conditions which result from the absorption of any substance by inhalation, ingestion or through the skin:

11. Acute illness requiring medical treatment; or
12. Loss of consciousness.
13. Acute illness which requires medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.
14. Death.
15. A specified dangerous occurrence, where something happened which did not result in an injury, but could have done.

Further information on RIDDOR reporting requirements can be found on the RIDDOR website; http://www.hse.gov.uk/riddor/

Reportable Incidents from a Registered Setting
The document below gives details and guidance on the events that should be reported to OFSTED, these mirror the RIDDOR requirements with the notable addition of food poisoning.
https://www.milliesmark.com/sites/default/files/mm-serious_incident.pdf

OFSTED
Piccadilly Gate, Store Street, Manchester, M1 2WD
T: 0300 123 1231
Textphone: 0161 618 8524
E: enquiries@ofsted.gov.uk
W: www.ofsted.gov.uk

Storage of this policy
A copy of this policy is available on the school website and also on the shared drive in the Policies and Procedure 2025_26 folder.

APPENDIX 1: Guidance to staff on particular medical conditions

(i) Allergic reactions

Symptoms and treatment of a mild allergic reaction:

- Rash
- Flushing of the skin
- Itching or irritation

If the pupil has a care plan, follow the guidance provided and agreed by parents. Administer the prescribed dose of antihistamine to a child who displays these mild symptoms only. Make a note of the type of medication, dose given, date, and time the medication was administered. Complete and sign the appropriate medication forms, as detailed in the policy. Observe the child closely for 30 minutes to ensure symptoms subside.

(ii) Anaphylaxis

Symptoms and treatment of Anaphylaxis:

- Swollen lips, tongue, throat or face.
- Nettle type rash.
- Difficulty swallowing and/or a feeling of a lump in the throat.
- Abdominal cramps, nausea and vomiting.
- Generalised flushing of the skin.
- Difficulty in breathing.
- Difficulty speaking.
- Sudden feeling of weakness caused by a fall in blood pressure.
- Collapse and unconsciousness.

When someone develops an anaphylactic reaction the onset is usually sudden, with the following signs and symptoms of the reaction progressing rapidly, usually within a few minutes.

Action to be taken

1. Send someone to call for a paramedic ambulance and inform parents. Arrange to meet parents at the hospital.
2. If the pupil has a care plan that includes an epi-pen being kept on site at school, this should be with them at all times.
3. Reassure the pupil help is on the way.
4. Remove the Epi-pen from the carton and pull off the safety cap.
5. Place the tip on the pupil's thigh at right angles to the leg (there is no need to remove clothing).
6. Press hard into the thigh until the auto injector mechanism functions and hold in place for 10 seconds.
7. Remove the Epi-pen from the thigh and note the time.
8. Massage the injection area for several seconds.
9. If the pupil has collapsed, lay them on their side in the recovery position.
10. Ensure the paramedic ambulance has been called.
11. Stay with the pupil.
12. Steps 4-8 may be repeated if there is no improvement in 5 minutes with a second Epi-pen if you have been instructed to do so by a doctor.

REMEMBER Epi-pens are not a substitute for medical attention. If an anaphylactic reaction occurs and you administer the Epi-pen the pupil must be taken to hospital for further checks.

(iii) Asthma management
The school recognises that asthma is a serious but controllable condition and the school welcomes any pupil with asthma. The school ensures that all pupils with asthma can and do fully participate in all aspects of school life, including any out of school activities. Taking part in PE is an important part of school life for all pupils and pupils with asthma are encouraged to participate fully in all PE lessons. Staff will be aware of any child with asthma from a list of pupils with medical conditions kept in the staff room. The school has a smoke free policy.

Trigger factors
- Change in weather conditions
- Animal fur
- Having a cold or chest infection
- Exercise
- Pollen
- Chemicals
- Air pollutants
- Emotional situations
- Excitement

General considerations
Pupils with asthma need immediate access to their reliever inhaler. Younger pupils will require assistance to administer their inhaler. It is the parents' responsibility to ensure that the school is provided with a named, in-date reliever inhaler, which is kept in the classroom in a box displaying the child's name and photograph. This box should be visible and always accessible to the pupil. Staff should be aware of a child's trigger factors and try to avoid any situation that may cause a pupil to have an asthma attack. It is the parents' responsibility to provide a new inhaler when out of date. Pupils must be made aware of where their inhaler is kept and this medication must be taken along with them to any physical activity both on site and off site as well as any out of school trips and activities.

As appropriate for their age and maturity, pupils are encouraged to be responsible for their own reliever inhaler.

Recognising an asthma attack
- Pupil unable to continue an activity
- Difficulty in breathing
- Chest may feel tight
- Possible wheeze
- Difficulty speaking
- Increased anxiety
- Coughing, sometimes persistently

Action to be taken

1. Ensure that prescribed reliever medication (usually blue) is taken promptly.
2. Reassure the pupil.
3. Encourage the pupil to adopt a position which is best for them-usually sitting upright.
4. Wait five minutes. If symptoms disappear the pupil can resume normal activities.
5. If symptoms have improved but not completely disappeared, inform parents and give another dose of their inhaler.
6. Loosen any tight clothing.
7. If there is no improvement in 5-10 minutes continue to make sure the pupil takes one puff of their reliever inhaler every minute for five minutes or until symptoms improve.
8. Call an ambulance.
9. Accompany the pupil to hospital and await the arrival of a parent.

(iv) Diabetes management

Pupils with diabetes can attend school and carry out the same activities as their peers but some forward planning may be necessary. Staff must be made aware of any pupil with diabetes attending school.

Signs and symptoms of low blood sugar (hypoglycaemic attack)

This happens very quickly and may be caused by: a late meal, missing snacks, insufficient carbohydrate, more exercise, warm weather, too much insulin and stress. The pupil should test his or her blood glucose levels if blood testing equipment is available.

- Pale
- Glazed eyes
- Blurred vision
- Confusion/incoherent
- Shaking
- Headache
- Change in normal behaviour-weepy/aggressive/quiet
- Agitated/drowsy/anxious
- Tingling lips
- Sweating
- Hunger
- Dizzy

Action to be taken

Follow the guidance provided in the pupil care plan as agreed by parents.

Action to take if the pupil becomes unconscious:

1. Place the pupil in the recovery position and seek the help of a first aider.
2. Do not attempt to give glucose via mouth as pupils may choke.
3. Telephone 999.
4. Inform parents.
5. Accompany the pupil to hospital and await the arrival of a parent.

Signs and symptoms of high blood sugar (hyperglycaemic attack)
Hyperglycaemia – develops much more slowly than hypoglycaemia but can be more serious if left untreated. It can be caused by too little insulin, eating more carbohydrates, infection, stress and less exercise than normal.

- Feeling tired and weak
- Thirst
- Passing urine more often
- Nausea and vomiting
- Drowsy
- Breath smelling of acetone
- Blurred vision
- Unconsciousness

Action to be taken
1. Inform parents
2. Pupil to test blood or urine
3. Call 999

(v) Epilepsy management

How to recognise a seizure
There are several types of epilepsy but seizures are usually recognisable by the following symptoms:

- Pupil may appear confused and fall to the ground.
- Slow noisy breathing.
- Possible blue colouring around the mouth returning to normal as breathing returns to normal.
- Rigid muscle spasms.
- Twitching of one or more limbs or face.
- Possible incontinence.

A pupil diagnosed with epilepsy will have an emergency care plan

Action to be taken
(1) Send for an ambulance;
    - if this is a pupil's first seizure,
    - if a pupil known to have epilepsy has a seizure lasting for more than five minutes or
    - if an injury occurs.

(2) Seek the help of a first aider.
(3) Help the pupil to the floor.
(4) Do not try to stop seizure.
(5) Do not put anything into the mouth of the pupil.
(6) Move any other pupils away and maintain the pupil's dignity.
(7) Protect the pupil from any danger.

(8) As the seizure subsides, gently place them in the recovery position to maintain the airway.

(9) Allow the patient to rest as necessary.

(10)Inform parents.

(11) Call 999 if you are concerned.

(12) Describe the event and its duration to the paramedic team on arrival.

(13) Reassure other pupils and staff.

(14) Accompany the pupil to hospital and await the arrival of a parent.

Appendix 2 NEEDLESTICK INJURIES

If there is any accidental injury to the person administering medicine via an injection by way of puncturing the skin with an exposed needle, then the following action must be taken:

- Bleed the puncture site.
- Rinse the wound under running water for a few minutes.
- Dry and cover the site with a plaster.
- Seek medical advice immediately.
- You may be advised to attend Accident and Emergency for a blood test.
- Information on how the injury occurred will be required.
- Details of the third party involved will be required.
- If the third party is a pupil, then the parents must be made aware that their child's details will have to be given to the medical team who are caring for the injured party.
- This all needs to be undertaken with the full permission of the Headteacher.
- An accident form must be completed.

Appendix 3 HEAD INJURY POLICY

1. Introduction
The school's Head Injury Policy has been written in accordance with NICE clinical guidelines, World Rugby Concussion Guidance and England Rugby Club Concussion - Headcase Resources. It has been approved by the First Aid Lead and the Head of PE/Games. Since the majority of head injuries in the EYFS are minor, the staff will manage these incidents themselves and seek advice from the First Aider if necessary who will instigate the head injury policy if required.

2. Background
A head injury is defined as any trauma to the head excluding superficial injuries to the face. Fortunately, the majority of head injuries within school are minor and can be managed at school or at home. However, some can be more severe and it is important that a child is assessed and treated accordingly. The risk of brain injury can depend on the force and speed of the impact and complications such as swelling, bruising or bleeding can occur within the brain itself or the skull.

Concussion is defined as a traumatic brain injury resulting in the disturbance of brain function. There are many symptoms but the most common ones are dizziness, headache, memory disturbance or balance problems. Concussion is caused by either a direct blow to the head or blows to other parts of the body resulting in a rapid movement of the head eg. whiplash.

It is also important to note that a repeat injury to the head after a recent previous concussion can have serious implications.

3. Process for managing a suspected head injury
All head injuries that occur on the school site must be referred to the Lead First Aider, if on site, for immediate assessment. The exception for this is if the pupil needs urgent medical attention, at which point the Emergency Services should be called first prior to calling the Lead First Aider. If the Lead First Aider is not on site, the pupil must be assessed and monitored for at least one hour by a qualified First Aider and referred for medical review as per the guidelines in this document. If in doubt, the First Aider should call NHS 111 for advice or 999.

If after one hour the pupil is symptom free, he/she can return to lessons but must be kept under observation for the remainder of that day. This applies even if the pupil feels it is unnecessary. As concussion typically presents in the first 24-48 hours following a head injury, it is important that the pupil is monitored and assessed as above.

4. Recognising Concussion
One or more of the following signs clearly indicate a concussion:

- Seizures.
- Loss of consciousness – suspected or confirmed.
- Unsteady on feet or balance problems or falling over or poor coordination.
- Confused.
- Disorientated – not aware of where they are or who they are or the time of day.
- Dazed, blank or vacant look.
- Behavioural changes eg. more emotional or more irritable.

One or more of the following may suggest a concussion:

- Lying motionless on the ground.

- Slow to get up off the ground.
- Grabbing or clutching their head.
- Injury / event that could possibly cause concussion.

IF A PUPIL IS PLAYING SPORTS AND HAS SUFFERED A HEAD INJURY AND/OR IS SHOWING SIGNS OF CONCUSSION, HE/SHE SHOULD IMMEDIATELY BE REMOVED FROM TRAINING/ PLAY FOR THE REST OF THE LESSON.

5. Emergency Management
The following signs may indicate a medical emergency and an ambulance should be called immediately:

- Rapid deterioration of neurological function.
- Decreasing level of consciousness.
- Decrease or irregularity of breathing.
- Any signs or symptoms of neck, spine or skull fracture or bleeding for example bleeding from one or both ears, clear fluid running from ears or nose, black eye with no obvious cause, new deafness in one or more ear, bruising behind one or more ear, visible trauma to skull or scalp, penetrating injury signs.
- Seizure activity.
- Any pupil with a witnessed prolonged loss of consciousness and who is not stable (i.e. condition is worsening).

6. Referral to Hospital
Any pupil who has sustained a head injury should be referred to a hospital Emergency Department, using the Ambulance Service if deemed necessary, if any of the following are present:

- Glasgow Coma Scale (GCS) score of less than 15 on initial assessment.
- Any loss of consciousness as a result of the injury.
- Any focal neurological deficit - problems restricted to a particular part of the body or a particular activity, for example, difficulties with understanding, speaking, reading or writing; decreased sensation; loss of balance; general weakness; visual changes; abnormal reflexes; and problems walking since the injury.
- Amnesia for events before or after the injury (assessment of amnesia will not be possible in preverbal children and unlikely to be possible in children aged under 5).
- Persistent headache since the injury.
- Any vomiting episodes since the injury.
- Any seizure since the injury.
- Any previous brain surgery.
- A high-energy head injury. For example, pedestrian struck by motor vehicle, occupant ejected from motor vehicle, fall from a height of greater than 1 metre or more than 5 stairs, diving accident, high-speed motor vehicle collision, rollover motor accident, accident involving motorised recreational vehicles, bicycle collision, or any other potentially high-energy mechanism.
- Any history of bleeding or clotting disorders.
- Current anticoagulant therapy such as warfarin.
- Current drug or alcohol intoxication.
- There are any safeguarding concerns (for example, possible non-accidental injury or a vulnerable person is affected).

- Continuing concern by the professional about the diagnosis.
- In the absence of any of the risk factors above, consider referral to an emergency department if any of the following factors are present, depending on judgement of severity:
- Irritability or altered behaviour, particularly in infants and children aged under 5 years.
- Visible trauma to the head not covered above but still of concern to the healthcare professional.
- No one is able to observe the injured person at home.
- Continuing concern by the injured person or their family/guardian about the diagnosis.

For pupils, it is the responsibility of the parent/guardian to take the pupil to the nearest Emergency Department if it is recommended by the Lead First Aider. The policy for taking pupils to hospital should be referred to in First Aid Policy, with reference also to the Safeguarding Policy.

7. Questions to ask the pupil to determine issues with memory.
If they fail to answer correctly any of these questions, there is a strong suspicion of concussion

1. "Where are we now?"
2. "Is it before or after lunch?"
3. "What was your last lesson?"
4. "What is your Form Tutor's name?"
5. "What Form are you in?"

8. DO's and DON'Ts

- Subject to parental consent and any allergies, the pupil may be given Paracetamol but must not be given Ibuprofen or Aspirin as these can cause the injury to bleed.
- If he/she is vomiting or at risk of vomiting DO NOT give the pupil anything to eat or drink until completely recovered
- Unless there are injuries elsewhere, monitor the pupil in a semi upright position so that the head is at least at a 30-degree angle if lying down.
- DO apply a covered instant cold pack to the injured area for 15-20 minutes UNLESS the area has an open wound.

9. Head Injury Notifications
The person supervising the pupil at the time is responsible for contacting:

- The pupil's parents.
- The Pupil's Form Tutor.
- School/Nursery Office and Site Manager, if an ambulance is called.
- Headteacher or Deputy Head Teacher if the pupil is taken to hospital.

If the head injury is minor and the pupil stays at school, the parent/carers should be informed by the designated lead or a member of staff and a Head Injury Letter given to take home (Appendix 3A) and the pupil monitored for potential deterioration of symptoms.

10. Returning to school and sporting activities following a head injury and/or concussion
For minor head injuries, the pupil can return to school once they have recovered. If the pupil has a diagnosed concussion, the symptoms of concussion can persist for several days or weeks after the event therefore returning to school should be agreed with the parents/ carers, designated lead and the pupil's doctor.

For return to exercise and sporting activities within school for pupils with concussion, the school follows the Rugby Union's Graduated Return to Play Pathway (RFU 2016) (Appendix 3B). This requires an initial minimum two weeks' rest (including 24 hours complete physical and cognitive rest) and they can then progress to Stage 2 only if they are symptom free for at least 48 hours, have returned to normal academic performance and have been cleared by the pupil's doctor or the Lead First Aider. This pathway must be adhered to regardless of the pupil/parents/carers views. The reason for this is a repeat head injury could have serious consequences to the pupil during this time.

The pupil can then progress through each stage as long as no symptoms or signs of concussion return. If any symptoms occur, they must be seen by a doctor before returning to the previous stage after a minimum 48-hour period of rest with no symptoms.

On completion of Stage 4, in order for a pupil to return to full contact practice, he/she must be cleared by his/her Doctor or approved Healthcare Professional. This can be the Lead First Aider.

A School Graduated Return to Play Pupil Progress Sheet has been developed in order to monitor and communicate the pupil's progress and this outlines the 5 stages of the GRTP pathway to follow (Appendix 3C). It should be completed by the PE staff members or Lead First Aider in conjunction with the pupil's parents/guardian. For day pupils it is the parent/guardian's responsibility to inform the pupil's external sports clubs if the child has sustained a head injury and/or concussion. For ease of reference, the following sporting activities will not be permitted until Stage 5 of the GRTP:

- Rugby
- Football
- Cricket
- Basketball
- Netball
- Rounders

Pupils may still attend Games lessons but an alternative role will be found for them during the session.

11. Reporting
An accident form will be completed by the witness to the event, designated lead or Headteacher/ Nursery Manager. If the incident requires reporting to RIDDOR this will be actioned by the Lead First Aider.

12. References
Concussion – Headcase Resources
England Rugby, available online at:
http://www.englandrugby.com/my-rugby/players/player-health/concussionheadcase/resources/

Head injury: assessment and early management
National Institute for Health and Care Excellence (NICE Guidelines CG176 January 2014 Last updated June 2017), available online at: https://www.nice.org.uk/guidance/cg176

World Rugby Concussion Guidance
World Rugby Player Welfare, available online at:
http://www.irbplayerwelfare.com/concussion

NHS Head Injury and Concussion,
available online at: https://www.nhs.uk/conditions/minor-head-injury/

Appendix 3A - Sample Head Injury Form

Pupil's Name	
Date of injury	Time of injury
Where the injury took place	First Aider

Dear Parent/Carer,

We wish to inform you that your child banged his/her head today. He/she was checked and treated, and has been under supervision since. If any of the following symptoms appear within the next few days, it is advised that you seek immediate medical advice:

- Unconsciousness, or lack of full consciousness (for example, problems keeping eyes open).
- Drowsiness (feeling sleepy) that goes on for longer than 1 hour when they would normally be wide awake.
- Difficulty waking your child up.
- Problems understanding or speaking.
- Loss of balance of problems walking.
- Weakness in one or more arms or legs.
- Problems with their eyesight, eg. blurred vision/dilated pupils.
- Painful headache that will not go away.
- Vomiting / sickness.
- Seizures, convulsions or fits.
- Clear fluid coming out of their ears or nose.
- Bleeding from one or both ears.

He/she may experience a mild headache and some nausea which should go away within the next few days. If it does not, please take your child to see your Doctor. If he/she is feeling unwell, we suggest that he/she does not return to school until fully recovered.

If you have any queries, please do not hesitate to contact us.

Signature of Lead First Aider	Date

Appendix 3B - Graduated Return to Play (RFU 2016)

Stage	Rehabilitation Stage	Exercise Allowed	Objective
1	Rest	Complete physical and cognitive rest without symptoms	Recovery
2	Light aerobic exercise	Walking, swimming or stationary cycling keeping intensity, <70% maximum predicted heart rate. No resistance training.	Increase heart rate and assess recovery
3	Sport-specific exercise	Running drills. No head impact activities.	Add movement and assess recovery
4	Non-contact training drills	Progression to more complex training drills, e.g. passing drills. May start progressive resistance training.	Add exercise + coordination, and cognitive load. Assess recovery
5	Full Contact Practice	Normal training activities	Restore confidence and assess functional skills by coaching staff. Assess recovery
6	Return to Play	Player rehabilitated	Safe return to play once fully recovered.

Appendix 3C - X School Graduated Return to Play - Pupil Progress Sheet

Pupil's Name	
Class/Year	
Date of Concussion	
Commencement of GRTP	
Staff Member commencing GRTP	

Stage	Duration	Rehabilitation Stage	Start Date	End Date	Comments	Signature/ Role*
1	14 days	Rest – complete physical and cognitive rest without symptoms				
CLEARANCE BY DOCTOR OR LEAD SCHOOL NURSE						
2	2 days	P.E. Lessons/Light aerobic exercise				
3	2 days	P.E. Lessons/Running				
4	2 days	P.E. Lessons/Non-Contact Training Drills				
CLEARANCE BY DOCTOR OR LEAD SCHOOL NURSE						
5	2 days	Full Contact Practice				
6		Return to Full Play				

* Signature can be by Parent/Guardian/PE Teacher/Designated Lead or a Doctor